



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/24/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000002915

FACILITY NAME -> 945 RAHWAY AVENUE 2 STORY BUILDING

MAILING ADDRESS -> 75 SALEM RD
BRICKTOWN, NJ 08724

INSTALLATION ADDRESS -> 945 RAHWAY AVE
UNION, NJ 07083

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: DENNING, PEGGY
OWNER-PRES
945 RAHWAY AVENUE 2 STORY BUILDING
75 SALEM RD
BRICKTOWN, NJ 08724

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJSR0000002915

II. Name of Installation (Include company and specific site name)

945 Rahway Ave 2 Story Building

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

945 Rahway Ave

Street (continued)

City or Town

Union

State

ZIP Code

NJ 07083 -

County Code

County Name

Union

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

75 Salem Rd

City or Town

Bricktown

State

ZIP Code

NJ 08724 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Peggy Denning

Peggy

Job Title

Phone Number (area code and number)

Peggy Owner Pres 908 - 840 - 9571

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

75 Salem Rd

City or Town

Bricktown

State

ZIP Code

NJ 08724 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Peggy Denning and Ruth Stahl

Street, P.O. Box, or Route Number

75 Salem Rd

City or Town

Bricktown

State

ZIP Code

NJ 08724 -

Phone Number (area code and number)

908 - 840 - 9571

B. Land Type
PRIVATE



C. Owner Type
PRIVATE



D. Change of Owner
Indicator



(Date Changed)
Month Day Year

Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
☐ Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Burner - Indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner who First Claims the Oil Meets the Specification)

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Peggy Denning

Name and Official Title (type or print)

Owner-President

Date Signed

4-9-95

XI. Comments